Neurological Correspondence.

NEUROLOGICAL MATTERS IN NEW YORK CITY.

EDITOR JOURNAL:—Neurological matters are rather quiet at present in this city, but with a prospect however of becoming becoming more lively. The Societies adjourned last June, but they are about to reconvene, when we may hope for a reasonable action and instruction seeson, judging from the number and titles of the papers already in waiting to be read.

THE NEW YORK NEUROLOGICAL SOCIETY.

This society is in a very flourishing condition, and numbers about eighty active members. At its organization a clause was inserted limiting membership to localities within sixty miles of N. Y. City. That clause has been abolished at the earnest solicitation of several medical gentlemen living beyond that limit, who wished to join the society. Its membership is therefore steadily on the increase.

DR. L. D. BULKLEY ON NEUROSES OF THE SKIN AND THEIR TREATMENT.

At one of its recent sessions Dr. Bulkley remarked in the course of a debate, that in a study on "The Relations of the Nervous System to Disease of the skin," which he had recently made, the subject was considered from a physiological and pathological point of view, with the following results:

1st. *Microscopic Anatomy* showed the skin to be an organ remarkably well furnished with nerve elements, their termini being associated with even the individval cells composing the rete malphighii. The influence drawn was that the cells were under direct nevous control, possessing the power capable under proper nerve-stimulation, of absorbing just enough nutriment to maintain their normal relations, while under perverted control, they, (thhe cells,) taken on morbid action.

2. *Physiology*, teaches that simple vaso-motor disturbance and nerve section produces but slight and temporary changes. Attention was also called to the physiological distribution of certain symptoms; also to the reflex physiological relations of the skin, as flushing, blanching, and sweating, in deranged mental and bodily states.

3. *Pathology* was found to be very rich in demonstrations of the direct connections between nerve-influence and cutaneous phenomena, as shown in nerve lesions, and the pathological histology of certain skin diseases, notably herpes zoster.

He would now beg to direct attention very briefly to

4. *Clinical Teachings.*—In the article referred to (Archives of electrology and neurology, Nov., 1874) some few illustrations of this were given, as the reflex disturbances of the skin in pregnancy, and also in certain organic and functional disturbances of the genito urinary organs. A case was also given of lichenous eruption on the arm, attending mental and nervous overstrain. In the November number of the *Practitioner* appeared an able clinical article, by Dr. Clifford Albutt, illustrating the subject of cutaneous neuroses, by the headings of eighteen cases; in each of the patients, or in their immediate families, were nervous affections, and the speaker would present them as assisting to demonstrate the neurotic relations of skin diseases, referring to many other cases which he had previously seen and reported. This class of cases he finds to be greatly benefitted by arsenic. He had hastily glanced over his notes, taken recently in private practice, and finds the histories of seventeen patients, which will illustrate the matter under consideration. He could adduce many times this number. These notes refer to five cases of eczema, two of psoriasis, four of acne, two of erythema, two of puritis, one of alopecia areata, and one of cutaneous alteration, following nerve affections, producing as well anaesthesia and muscular atrophy. Dr. Albutt's report refers to ten cases of eczema,

three of urticaria, two of psoriasis, one of lichen, one of pityriasis, and one of "a curious form of skin affection, partaking of the character of pemphigus and of rupia." He could also quote many other authors and cases; but, for the present, it would suffice to allude to thirty-five cases, embracing eleven varieties of skin alteration, where nerve influence seemed apparent. He believed most firmly in the very great agency of the nervous system in inducing cutaneous diseases; but the number of affections of the skin, which can be definitely affirmed to be caused exclusively by nerve disease, organic or functional, is very small indeed. Herpes zoster and lepra anesthetica seem to be the only ones of which anything is proven. But, on the contrary, the skin affections are many and various, in which more or less of nerve influence can be traced in some cases. Thus, in the article referred to on the relations of the nervous system to diseases of the skin, the following were quoted as having been found in connection with nerve lesions of various kinds, peripheral and central; viz., erythema, articaria, eczema; the well-known and atrophied disease, herpes; ulcerations, hyperidrosis, hirsutes, and, perhaps, others. In connection with neuralgia and other symptomatic neuroses, he mentioned cases of the same disease, as also of erysipelas, pruritus, lichen, dermalgia, impetigo, acne, etc. These, with those alluded to, (of Dr. Albutt's and his own) will be found to include a large share of the commoner ailments of the integument. Where, then, is the line to be drawn? If we accord to herpes zoster a place among the neuroses of the skin, why deny it to eczema, a disease so nearly akin? If granted to eczema, why not to psoriasis, which often simulates it very closely and sometimes precedes, follows or accompanies it on the same person.

He did not believe that the time had yet arrived in dermatology, when we can arrange diseases on an etiological basis, and say with certainty such and such diseases are neuroses and others are not. Cases may be neurotic, but diseases are not yet determined to be. For each of the fifteen cases of eczema of Dr. Albutt and himself, spoken of as associated with neurotic symptoms, he could bring fifty where no mental or neural connection is known or can be traced; while he has recorded a few cases of acne seemingly dependent on nervous elements, a hundred times as many could be adduced with no such relations; and for each of the other cases mentioned, manifold more will occur to every physician when nerve relations will appear out of the question.

But while he did not think it advisable, or even possible, with scientific accuracy to construct a class of neurotic diseases of the skin, he thought too much attention could not be paid to the neurotic relations of cutaneous affections, especially from a therapeutic standpoint. He has employed in his practice during the last three or four years very largely strychnia in the treatment of skin diseases. He believed also that arsenic is especially useful in cases of skin disease, when the nerve element is well marked. Much harm, however, may be done by forgetting the part which the general economy plays in the production of skin diseases, and even those presenting neurotic phenomena. Thus, pruritus, which all must recognize as a pure neurosis, if there are such, may be produced and kept up by lithaemia, and neurotic medicines are useless while this state exists. We know also of the pruritus accompanying jaundice. Who would attempt to treat this as a neurosis alone ?

In conclusion, he called attention to the value of chloral-hydrate, administered internally for the relief of pruritus. A good plan is to give a tolerably full dose half an hour before undressing, in order to avoid the great irritation from friction of the clothing and exposure to the air. He also suggested the external use of a compound of chloral and camphor, rubbed together, ℥i of each, making an ounce of ointment, and the very great value of the preparations of tar, of which he made great use, more commonly in the form of the liquor picis alkalinus, properly diluted.

DR. RALPH L. PARSONS ON DR. HAMMOND'S THEORY, AS CONTAINED IN HIS PAPER, "THE BRAIN NOT THE SOLE ORGAN OF THE MIND."

Dr. Parsons thinks the whole question turns on what is meant by the term *mind*. Dr. Hammond had given such a definition of mind as certainly included all the phenomena to which he had referred. His definition was, that "Mind is a force developed by nervous action," that "wherever there is gray nervous tissue in action, then there is mind." Now we know very well, said Dr. Parson's, that there is gray nervous tissue in the spinal cord, and in other parts of the body as well as in the brain; and that this gray nerve tissue is often in a state of functional activity. Having said thus much, the question is already decided. Mind is gray nerve tissue in action; gray nerve tissue exists and is sometimes in action in parts of the body other than the brain; hence, the brain is not the sole organ of the mind!

The reasoning in a portion of the paper, however, seems to be based on a different definition; to-wit, that mental action is conscious exercise of thought, of feeling, and of will. Dr. Hammond explained, that if the sense of touch, for instance, were excited, if the nerve conveyed the impression to the brain, and if the proper ganglias were excited to activity, perception would take place; but that if either the extremity of the nerve, the nerve itself, or the ganglion did not act, perception would not take place. In other words, there would be no consciousness of anything having being applied to the organ of touch. But he also supported the doctrine that perception and volition may be exercised when the brain is entirely absent, illustrating the doctrine by certain actions that are performed by brainless animals.

The doctrine seems open to serious objections. Perception implies knowledge; volition implies both knowledge and intention; while both perception and volition impliy consciousness—consciousness of all that perception and volition involve in the particular instance. It seemed more likely that such acts of brainless animals as had been mentioned by Dr. Hammond in illustration, were evidences of an exercise of the faculties of knowing and of willing.

A man often walks, or plays the piano, or performs various other acts thut would seem to require the exercise of reason, while he is really unconcious of the acts he is performing. At first these complicated and difficult actions are performed only under the strictest exercise of attention, of thought, and of will, the higher centres, the hemispherical ganglia direct the actions of the muscles through the medium of the lower centres, with each repetition of these actions, however, less and less of thought and of volition is required. The spinal centres become so habituated finally to such a sequence of activities that they may act in a regular order, when only the initial stimulous is applied, whether this stimulus comes from the brain, or from the distal extremities of the spinal nerves. A man wills to perform a particular act, the lower centers get the orders, and these orders are carried into effect, although the brain in the meantime may have become wholly engrossed in some other activity, or, while the brain is wholly engrossed in thought, the lower centres are affected by some external cause that fails to arouse the attention. The spinal centres respond under this excitement which fails to reach the brain at all; and the same muscular actions are put forth automatically and without the supervention of conciousness in regard to these actions, that have ordinarily been put forth under a similar excitation by an exercise of the will. Thus, if a good swimmer be suddenly thrown into the water, he will immediately commence to swim without the exercise of volition. He may even be unconscious of the act of swimming until his attention is in some way called to the fact. Instead of an effort of the will being required to commence the swimming, an effort would be required to stop.—In the case of the brainless frog, it would be difficult to prove that the animal had not often performed the acts described, under the exercise of some external cause or causes, while he yet had a brain to order and direct the movements. Some of the actions mentioned, as of the young duck swimming when placed in the water, may be properly considered as instinctive in character. He had stated in the beginning of his remarks, that the determination of the question whether the brain is the sole organ of the mind or not, depended on what was understood by the term mind. The universe is sometimes considered as divided into two categories, —the one of matter and the other of mind. "Mind is that which moves, matter is that which is moved." Such a definition will include the vitality of plants, even under the category of mind.

He had only to say in conclusion, that while disagreeing with Dr. Hammond, in regard to some of the inferences he had made, he was quite in accord with him in regard to the truth of the main proposition; in fact, was inclined to include much more under the category of mind than Dr. Hammond had seemed to include in the paper referred to.

Dr. Hammond asked Dr. Parsons, whether perception and will were not attributes of the mind? Whether they did not belong to the category of mental phenomena?

Dr. Parsons said they did, certainly.

Dr. Hammond, asked further, whether it is not possible for an individual to exercise the volitional act without being conscious of it? We cannot prove the existence of consciousness. He did not know that any man ever sees his conscience. He can only be judged by the nature of his acts. He was certain that there was not a gentleman present, who was not conscious that he has performed acts of which he himself has not been conscious. Why, to be conscious of all our volitional acts, we would have to be conscious of every step we take in the street!

Dr. Parsons did not know that he was fully understood, but he would attempt to explain further.

A person plays on the piano. The higher cerebral centers educate the lower nerve centers until they have the power of acting under certain circumstances, and for a time, involuntarily. At first every particular act is directed by the will in all its details. Then certain acts are grouped together and directed as a whole, the intellect not being cognizant of the several particulars of which the acts are made up.

Finally the groups of acts are again grouped together, in such a way, that a particular performance may be carried on automatically; that is, the lower centers having been stimulated in some way to activity, may continue that activity in a routine to which they had before been accustomed.

He considered the proposition that a volitional act might be without consciousness, as involving a contradiction in terms. Volition and perception imply consciousness.

Dr. Hammond desired to say one word more. He did not suppose that the frog which he experimented upon, had been put through such a series of experiments before, so that he had become habituated to the movements necessary to relieve himself of the annoyance to which he was subjected. He had never had acetic acid put on him before, and yet when the acid was applied after the brain had been removed, he made efforts to get rid of it. He made regular determined efforts to do so, which actions indicate a certain amount of intelligence, of perception, of will.

Now take a frog; remove the entire brain, leave the medulla oblongata, and he can be kept alive for six months. If you remove the medulla, then respiration ceases, and the animal will die in the course of two or three hours. But leave the medulla and he will live six months. Now if you touch the side of that frog with a glass rod dipped in acetic acid, he does not make a series of disorderly movements, but he tries to get rid of it, and knows precisely where it is. He scratches the places where the irritation is, he feels it, he perceives it. That is perception. He perceives it, wants to get rid of it, and takes the foot of the corresponding side and attempts to brush it away. If you cut off that foot, he will try to do it with the other foot. What more can he do? He does the best thing he can do under the circumstances; and it is all, facetiously remarked the Professor, it is all that is required of a decent frog to do!

Dr. Parsons remarked that volition implies consciousness.

Dr. Hammond did not know whether the frog was conscious or not. He did not pretend to say that, but from all that can be judged from his acts, he appeared to be conscious. As far as the Professor knew, no man was conscious. He only judged from the fact that men act like conscious beings. The frog acts also like a conscious being, and if these are not indications of consciousness, he did not know what consciousness is. But whether they are indications of consciousness or not, they are indications of perception and volition, and these are attributes of the mind under all circumstances. He did not discuss in his paper every mental attribute. He mentioned only four;

namely: 1. Perception. 2. Emotion. 3. Intellect. 4. Will. And of these four, the frog certainly possesses perception and volition, and from the performance of certain acts on the part of the frog, he would not say that he was altogether devoid of intellect.

WHAT DR. T. EDWARDS CLARK THINKS ABOUT IT.

Dr. Clark said, he thought that most naturalists who have closely studied the lowest forms of life, are of the opinion that mental characteristics are met with in the animal kingdom, before even the first traces of a nervous system make their appearance. The amœba, for instance, which is but little more than a gelatinous aggregation of granules, having no tissue structure, is evidently influenced in its movements by perception, judgment, and volition. These mental peculiarities in such a structureless being, cannot be supposed to be limited to any particular part of the animal. Higher up in the animal kingdom, a nervous system is met with; but still the mind-force seems to have its seat in no one centre of the organism. In some worms, there is a double nervous cord, without ganglia or enlargements of any kind, extending from one end of the body to the other. These animals are capable of spontaneous division and subdivision of the body, and consequently of the mind—several smaller individuals appearing as the results of these acts.

There are other worms with a double chain of ganglia in place of the single cords, which have the mouth at one end of the body and the eyes at the other, each organ reporting to the ganglia in its immediate neighborhood.

When the grand division to which man belongs is reached, there are also found structural peculiarities which lead us to infer that this mind-force working through them, is not seated exclusively in the anterior or posterior part of the body.

In the amphioxus, which is the lowest vertebrate with which we are acquainted, the spinal cord terminates at either end without enlargement—it has no ganglia, and whatever may be the seat of the mind in the higher vertebrates, we are in no position to locate this force, or limit it to any particular part of the dorsal cord in this little fish.

The doctor presented these instances for the purpose of showing what may be inferred from structure, and he would apply the same mode of argument to man and the higher vertebrates. If he understood Dr. Hammond, that gentleman would limit the mind-force to the gray matter of the cerebro-spinal system: But, asked Dr. Clark, why stop here? The nervous fibres of the sympathetic system cannot be distinguished from those of the cerebro-spinal system; and its cells exhibit essentially the characters of the cells of the cerebro-spinal axis.

The experiments, which Dr. Hammond has presented, certainly do not compel the exclusion of the mind from the ganglia of the sympathetic system; and, may it not be true of man as it appears to be of the lowest forms of life, that the mind pervades the whole body?

THE MEDICO-LEGAL SOCIETY.

At a recent meeting of the Medico-Legal Society, Dr. R. L. Parsons expressed his views upon the testamentary capacity of monomaniacs about as follows:

It has been remarked, said Dr. Parsons, that the medical and legal views of the legal relations of the so-called monomaniacs very naturally and even necessarily differ. He thought this was certainly true. Lawyers have very little practical knowledge of the subject. They gain their ideas from the writings and statements of medical men who have made a careful study of insanity and of the insane. But, unfortunately, lawyers and judges are rarely conversant with the more advanced views on any scientific subject. They must first learn what the teachings of science are from those scientists who make the investigations and discoveries. But this requires a very considerable amount of time and of study on their part. So, too, the aims of science and of law are not altogether the same. Science strives constantly to advance, and immediately occupies the vantage ground that seems to have been attained. The law, on the other hand, seeks for stability, and looks with suspicion on anything that involves change. Lawyers are disposed to inquire what the rulings and precedents established by former courts have been; and these former rulings and precedents are very likely to be adopted as correct, for the simple reason that they are precedents, until they are proved to be wrong by evidence that is overwhelming, or by authority which in their judgment more than counterbalances previous authorities. Men of science are ever ready to adopt new views whenever there is sufficient proof that these views are in accordance with facts, no matter how recent the discovery of these facts may have been, old authorities go for nothing, when contradicted by new facts. For these reasons, lawyers are liable to be greatly influenced in their views regarding insanity by the opinions of men whom physicians would not now consider as authorities. They often talk about insanity, indeed, as though it were a metaphysical instead of being a physical malady.

It will be of advantage first of all to consider certain facts regarding so-called monomania, for we must know something of the nature of the disease, before we can rightly judge of its effects; before we can decide whether this particular form of insanity diminishes testamentary capacity or not; and if so, to what extent.

Esquirol first differentiated monomania from other forms of insanity, or at least, he first brought the salient points prominently into notice. He describes three types of monomania; the intellectual, the affective and the instinctive. The intellectual form, however, is generally understood when the term monomania is employed; and to this, as the typical form of monomania, reference will be especially made in the remarks which I propose to make. Esquirol says, "The patients seize upon a false principle, which they pursue without deviating from logical reasonings, and from which they deduce legitimate consequences, which modify their affections and the acts of their will. Aside from this partial delirium they think, reason and act like other men. The intellectual disorder is confined to a single object, or a limited number of objects." That is, the patient has a single insane delusion, or a limited number of such delusions, and is insane in regard to these and in regard to subjects in immediate relation with these delusions, but in all other respects, and in regard to all other subjects, he is a perfectly sane man, differing in no essential particular from other men. Physicians very generally, and many alienist physicians, have accepted this doctrine as being correct. Lawyers and judges have very generally founded their arguments and decisions on the assumption that the doctrine is true. Now is the theory correct as above stated?

Judges are in the habit of speaking of what they call *total insanity*, meaning a mental state, in which the memory, the intellect, the affections and the volitional power, are entirely in abeyance. There are certainly some insane persons who have fallen into this state of mental degradation, who have less mental power than the higher orders of brutes. But these cases are not really the ones to which reference is usually made, as being cases of *total insanity*. Cases of mania, in which all the mental faculties are disordered to a very considerable extent, and on a wide range of topics are usually meant, and not the mere things, the nullities before mentioned. But patients in a state of general insanity, other than extreme dementia, have some degree of memory, intellect, and power of self-control. If the attack be severe, the power of attention may be nearly abolished, but even then, the patient may manifest some degree of rationality, when the attention is strongly aroused. If the attack be less severe, or if the acute symptoms have already passed away, the mental faculties are disordered to a lesser degree. If the attack be still less severe, the patient may, for a greater portion of the time, conduct so well and converse with such connection and rationality, as to appear perfectly sane to ordinary observers, until an accession of excitability, or some disturbing cause, serves to demonstrate that he is generally insane. The occasion only is required to develop the proofs of general insanity. The gradation from the *total insanity* of the courts to the partial insanities in which, with the exception of a few particulars, the mental operations appear to be in accordance with the general standard, is very gradual. It is not possible to draw a distinct line of demarcation between the different types, however distinct certain typical forms may be. So too, it should be observed, that almost all these cases of general insanity are influenced by motives, just as sane men are. Often-times, usually indeed, in the great majority of cases, they act under the influence of motives, as though they were perfectly sane. They work, they converse, they engage in amusements, they conduct as persons do who are sound in mind. The mind acts in accordance with its former habitudes; for in the sane and the insane alike, the greater part of the mental activities at any particular time, are to a considerable extent automatic in character; the mind acts in accordance with its previous habits, without any special exercise of volitional power, but when any disturbing influences arises, when a determination is required, when the man exercises his volitional power, in regard to some new or important contingency, it is not at all certain how this insane man, who has appeared so rational will act. He then oftentimes acts in a most unexpectedly irrational manner.

Now, as has already been remarked, so-called monomania is not separated from general insanity by any well marked line of demarkation. It is usually a result of some of the forms of insanity which are characterized by a greater degree of mental disturbance. The brain has made an incomplete recovery.

Reasoning from the fact that the insane think, and conduct in a rational manner, in some regards, and in other regards do not, it is not surprising that many should believe the mind to be made up of separate and distinct parts, some of which may be totally unsound, while others are perfectly sound. But the mind is not thus constructed. If its mode of action gives evidence of unsoundness in any particular direction, there is no certainty that symptoms of unsoundness will not be manifested in any other direction, and at any moment whenever a cause of disturbance arises, whether this cause be objective or subjective in charecter. The insane delusion is not the insanity. It is simlpy a manifestation, a proof of the existence of insanity. If, for any reason, or by any means, this particular manifestation should cease, the insanity would still continue as before, provided the physical state of the brain which is the immediate cause of the insanity, continues to exist. A disturbing cause would be followed by some other manifestation of mental unsoundness. This is what often happens. A particular delusion passes away, and is succeeded by another, which may be different, not only in its object, but in its character.

Again, the existence of a single insane delusion implies very much more than would at first appear. There is in such case, not only a false judgment in regard to a particular thing, but there is also a profound, a fundamental impediment of the *faculty* of judging. No course of reasoning, no amount of testimony, no assurances of friends, not even the most direct and positive evidence afforded by his own senses will convince an insane person of the falsity of his delusive belief. This is not because he *will* not believe differently, but because he *cannot* believe differently. Oftentimes the delusion is so distressing in its character, and so damaging in its influence on the civil and social status of the deluded person, that he has the strongest possible motive to correct his false judgment. But the delusion, being the result of a disease over which he has no direct voluntary control, is beyond his power of judgment to correct. But, it may be said, why then does not the deluded person judge wrongly in regard to everything else? It will be time enough to answer this question when we know why he has the single insane delusion, and why he has, at one time, this, and at another time that, delusive idea. We do not know at what moment a so-called monomaniac may act under the influence of some new delusion; and this fact is sufficient for the purpose of the present discussion.

There is another consideration that is worthy of attention. How can it be known that any important act of a monomaniac is entirely free from the influence of his delusion? In the case of a person who is perfectly sane, we can rarely judge how particular acts, thoughts, or feelings have been influenced by preceding mental states. The greater part of our ideas have a more intimate relation with other ideas than they have even with objective realities. But the links, the associations that connect these ideas, for the most part, elude us when we try to find them out. How much more difficult then must it be to judge of the association of ideas in the case of those who are insane. The insane persons themselves are not likely to know; if they know they may not be willing to tell; and, if they both know and were willing to tell, their testimony is not likely to be available when the validity of their wills is called in question.

There are, also, evidences of a more general mental disturbance in so-called monomaniacs, than would be indicated by their delusive ideas alone. They often evince perturbations of feeling that are without any such objective cause as would have produced such feelings, when they were in a state of health. So their feelings may be influenced by ideas of which they themselves have only an obscure notion, or of which they may have no remembrance.

The opinions of judges in regard to the testamentary capacity of the insane, have been by no means at accord. The following opinion, however, appears to be considered of most authority: that is, that a person of sufficient mental capacity can make a valid will, though under a delusion, if the will is is no way the offspring of the delusion.

But how can it be known that the will is not directly or indirectly the offspring of the delusion? If what has been already stated is correct, it is plain that its freedom from the influence of the delusive idea cannot be predicated from the nature of the insanity. The contrary conclusion would be more probable. In any case. it would be very difficult to prove that a given act of a person who is insane is quite what it would have been if he had always been of sound mind. Now, the burden of proof ought clearly to rest on those who would show that the monomaniac has testamentary capacity. If a man has never been proved to be insane, it is taken for granted that he is responsible for all his acts; and it devolves on those who believe that he is not thus responsible, to furnish satisfactory evidence in support of that belief. So, on the other hand, if he has been proved to be insane, those who believe that a particular act was the product of a sound mind, should adduce satisfactory evidence to that effect. This, for the reasons before mentioned, it will be found very difficult, if not impossible, to do.

It is sometimes claimed that the character of the instrument itself will furnish sufficient evidence whether the testator had testamentary capacity or not. It is said that if the will is a rational act, rationally done, it may justly be assumed that, in so far as the matters in question are concerned, it was the act of a sound mind. This rule assumes, however, that some person other than the insane testator shall always decide whether the will was a rational act or not. If the validity of a will is to rest on such a foundation, it becomes quite as much the act of the one who passes judgment as of the one who makes the will. If the instrument accords with the views of the judge, it is considered valid; if not, it is considered void. If the will accords with the standard sentiment regarding what it should be, it is considered as the act of a sound mind; but if, on the contrary, it does not accord with the standard sentiment, it is to be adjudged as the act of an unsound mind. In this case, it would seem that the result would be essentially the same if the popular sentiment, or, in other words, the law, which is an expression of the popular sentiment, should always decide the distribution of property willed by a person who is insane. If the mental condition of a testator is to be inferred from the character of his will, from its agreement, or want of agreement with the standard sentiment regarding what it should be, many persons who have never been adjudged to be insane, might justly be considered as incapable of making a valid will; a conclusion which few would be willing to accept.

Now, a will may present no evidence of insanity whatever, either in its construction or its terms, when considered in the light of facts as they appear; but it may nevertheless be an outcome, a product of the insanity, and as such may be an instrument of great injustice. For instance, certain bequests may appear to be in strict accordance with the merits or demerits of the legatees, some of whom have been kind to the testator, and others of whom have been unkind. But the disposition and conduct of the legatees towards the testator, may have been determined by his insane conduct towards them.

It will, I think, be agreed that the monomaniac should have the greatest civil liberty that is compatible with his own safety and the safety of others. This is a condition essential to his happiness, a right from which he should not be alienated. The exercise of this right implies the possession of certain powers and obligations, as the power of contracting a debt and the obligation to pay it. But it does not follow that he should have the power to control the persons or the property of others, who are in no way connected with his personal affairs. Nor does it follow that he should have the power of making a will that is liable to be a product of his insanity, and to be an instrument of injustice, which can have no possible relation to his own happiness or personal rights; for, whenever the will would have become potential, he himself would have ceased to live.

Would it not be better then, in view of the facts which have been advanced, that all insane persons, including monomaniacs, should be denied testamentary power. This is a question for the legal profession to decide, and my remarks have had the object of eliciting their opinion, rather than stating any conclusions of my own.

NOTES FROM PRIVATE PRACTICE.

Prof. William A. Hammond, M. D., has used recently hypodermic injections of the fluid extract of ergot in the treatment of vascular tumors. He injects from ½ drachm to one drachm, three or four days for several weeks, and has not been obliged to use more than ten injections. Its mode of action is by the direct action of the ergot and not by an inflammatory process. He introduces it entire by a long or short nozzle, as occasion may require at the periphery of the tumor. He has been successful in four cases, one of which was arterial, the remainder being artero-venous.

He has also used with excellent results picrotoxin (the active principle of *cocculus indicus*) in the treatment of epilepsy. The dose recommended is from the hundredth to the fiftieth of a grain three times a day. He is using it in about thirty cases. Although he did not report any cases, yet therapeutically it promises to be a valuable addition to the remedies used in the treatment of this disease. He is not over sanguine, but thinks the remedy worthy of a trial.

Dr. Meredith Clymer has, during the past summer, been trying two new remedies in the treatment of nervous diseases; but so far, is unable to state their precise value, though the estimate formed of them is favorable.

The first of these is the "Liquor arsenica bromidi," prepared after the formula of Dr. Clements, of Frankfort on the Main. He is using it, especially in epilepsy, but also in other nervous troubles. He has given it alone, and in combination with bromide of zinc (his own formula) and bromide of iron. The dose is from one to two minims twice daily in syrup and water. He will report further when his experimental series is more complete.

The other remedy is "hydrobromic acid." It seems efficient in cases where the potasic and sodic bromides are useful, and does not appear to be followed by some of their ill effects. It seems to subdue nervous irritation, etc. It is, moreover, a good vehicle for the bromide salts of iron, arsenic and zinc. He reserves his final judgment as to its value, until his experience in its use is larger.

Dr. G. M. Beard, during the summer has obtained additional evidence of the value of central and local galvanization in hay fever—nitrite of amyl does not thus far seem to do as well for the asthma of hay fever, as for ordinary asthma.

The sedative effects of tincture of calabar bean have been pleasantly illustrated in a case of writers cramp.

Tincture of gelsemium, which is as excellent in neuralgia, also serves well in hay fever; but more experiments are needed in this direction. For sick headache, Dr. B. has found a combination of caffeine, carbonate of ammonia and elixir of guarana —as prepared by Wenck—better than guarana or caffeine alone. He also finds that iodoform, given internally, acts admirably in hysteria and allied cases—even in very obstinate cases.

Dr. Charles A. Leale, has met with the following curious case:—

A very strong man, aged 38, who could with ease, light the gas by the electricity from his finger, was recommended as a therapeutical measure to rub his wife who was, and had been suffering from cerebral exhaustion for a long time. She was exceedingly hysterical, and medicines did not seem to benefit her. He rubbed her thoroughly every day for fifteen minutes at a time, morning and night with the dry hands. She gained strength rapidly — the treatment being continued for six months—at the end of which time she was restored to perfect health, and has remained so up to this time—now over a year. He, on the other hand, became mentally very feeble, would cry upon the slightest provocation, was restless, complained if his wife even touched him, of an unpleasant sensation—in fact, dreaded her presence. From a healthy and active business man, he lost all ambition, became forgetful, morose and sullen.

This condition of affairs continued increasing for six months, at which time he threatened to commit suicide, and was examined with reference to being placed in an insane asylum. Instead of sending him to an asylum, however, the Dr. deemed it advisable to send him to the country where he remained on his father's farm leading a quiet life, and has wonderfully improved. Still he has not sufficiently improved to return the bustle and turmoil of city activity.

The questions which naturally suggests themselves are of a rather mooted character; and the case is given without comment.

THE INTERNATIONAL OPTHALMOLOGICAL CONGRESS.

This society, which meets every four years, held a session during the last week, in Chickering Hall. Several papers interesting to neurologists, were read. Owing to the objection of the congress to having even the briefest abstract of papers published before they appear in their Transactions, I am enabled to give only their titles; namely, "Asthenopia," by C. R. Agnew, M. D., of New York; "Asthenopia," by E. Dyer, M. D., of Pittsburgh, Pa.; "Asthenopia," by Henry D. Noyes, M. D., of New York: "Sympathetic Neuro-Retinitis," by A. Alt, of New York; "Tumors of the Optic Nerve," by Emil Gruening, M. D., of New York; "Choked Disc," by A. Matthewson, M. D,, of Brooklyn, N. Y.; "Hemiopia," by Thos. R. Pooley, New York; "Chronic Optic Neuritis," by Dr. Gowers, of London, England; "Inherited Effects of lesions of the sympathetic nerve and corpora restiformia on the Eye," by Eugene Dupuy, M. D., of New York.

Read by title:

Contribution to the subject of Inter-cranial Tumors, including regional tumors in brain disease.

Paralysis of the Sixth Cranial Nerve, as an early symptom of locomotor ataxia, by C. S. Bull, of New York.

New York, September 18, 1876. W.